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3. NAME OF DECEASED First Gladstone Hall of Death Month Day 1962 (Type or print) William Gladstone Hall of Death Day 1962 5. SEX Male A. COLOR OR RACE White White Divorced	S. SEX S. COLOR OR RACE T. Married Gladstone Hall S. DATE OF BIRTH A. DATE Jan 27 1962 S. SEX S. COLOR OR RACE T. Married Middle Middle	ATE AMENDED		-	a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City c. FULL NAME OF (If NOT in hospital, give location) Inside Limits 30 Yrs Inside Limits d. STATE Missourjb. COUNTY Jackson Inside Limits OR TOWN Kansas City C. FULL NAME OF (If NOT in hospital, give location) Inside Limits OR TOWN Kansas City Inside Limits d. STREES (If cutside, give location) Reside on Farm
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Death occurred at	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, learn, factory, street, office bldg., etc.) 21. I attended the deceased from 150 100	1 1 1		NOTAC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we there a pregnancy in last 90 day. Unknown
21. I attended the deceased from 1950, to 127/62 and last saw her him alive on 26/52. Death occurred at 730 P m on the date stated above, and to the best of my knowledge, from the causes stated.	21. I attended the deceased from 150 , to 12762 and last saw her him alive on Death occurred at 90 m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS V.F.W. B.C.D. 22c. DATE SIGNE	AMEINDING		•	
Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.	Death occurred at	` 		MoVAKE	p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK farm, factory, street, office bldg., etc.)
	23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) EMOVAL (Specify) 1 2 0 6 2 N/t Morrish Kansas City Missou	OULD REA	Ē	D.	21. I attended the deceased from 150, to 127/62 and last saw her him alive on 126/62. Death occurred at 730 P m on the date stated above, and to the best of my knowledge, from the causes stated.
Stine & McClure, Kansas City, Mo 1-29-62 Ruth / Long		.			(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

ura, Jok	working under my personal supervision.	, Student Embalmer No.
	Student	Signed Donald & Brown
	Signature of Student Embalmer	Licensed Embalmer No. 5/5/
		P. O. Address C. Ma
•	Note: The above MUST BE SIGNED BY THE LI	CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.